

FILE:

CASE NUMBER:

13-18784

JUDGE

DEBTOR: MICHAEL B
JARACENO JR

CHAPTER 11

DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)

FOR THE PERIOD
FROM 3-1-16 TO 3-31-16

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated:

6-27-16

MICHAEL M^CCRYSTAL
Attorney for Debtor

Debtor's Address

and Phone Number:

4507 SCHEIDT RD
COPLAY, PA 18037
Tel. 610-442-7829

Attorney's Address

and Phone Number:

2355 OLD POST RD #4
COPLAY, PA 18037
Bar No.
Tel. 610-262-7873

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website,
<http://www.justice.gov/ust/r20/index.htm>

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

**SCHEDULE OF HOUSEHOLD
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
CASH - Beginning of Month	MARCH	
CASH RECEIPTS		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement	1580.00	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)	1500.00	
CHILDREN'S HELP		
TOTAL RECEIPTS	3080.00	
CASH DISBURSEMENTS		
Alimony or Child Support Payments		
Charitable Contributions		
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance		
Insurance	140.50	
IRA Contribution		
Lease/Rent Payments		
Medical/Dental Payments		
Mortgage Payment(s)	3585	
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)		
Vehicle Expenses		
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
Total Household Disbursements	3725.00	3585
CASH - End of Month (Must equal reconciled bank statement- Attachment No. 2)		

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Debtor Name: MICHAEL B. JARACENO JR.
 Case Number: 13-18784

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month <u>MARCH</u>	Cumulative Total
CASH- Beginning of Month (Household)		
CASH- Beginning of Month (Business)		
Total Household Receipts	<u>3080.00</u>	
Total Business Receipts	<u>6250.00</u>	
Total Receipts	<u>9330.00</u>	
Total Household Disbursements	<u>3585</u>	
Total Business Disbursements	<u>6287.00</u>	
Total Disbursements	<u>9,872.00</u>	
NET CASH FLOW (Total Receipts minus Total Disbursements)	<u>-542.00</u>	
CASH- End of Month (Individual)		
CASH- End of Month (Business)		

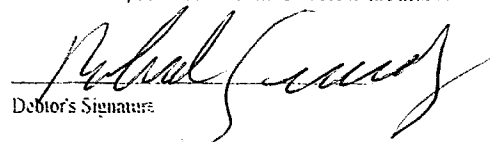
CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)		
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 27 day of June 2016

Debtor's Signature



**SCHEDULE OF BUSINESS
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
CASH - Beginning of Month	MARCH	
BUSINESS CASH RECEIPTS		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income	5631.00	
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
Total Business Receipts		
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)	776.00	
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance	200.00	
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)		
MORTGAGES- TAXES- INS:	5311.00	
Total Business Disbursements	6287.00	
CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)		

References

	YTD	Q4
1. Are any debts due to the national government during this reporting period?		
2. Are any federal income tax liabilities other than a return in preparation due?		
3. Are any federal estate, gift, or income taxes due from any relatives, partners, or related parties?		
4. Are any federal, state, or local unemployment liabilities due, unpaid?		
5. Are any state or local taxes due, unpaid by the debtor from any party?		
6. Are any state or local payroll taxes past due?		
7. Are any state or local income taxes past due?		
8. Are any state or local sales taxes past due?		
9. Are any participation and withdrawal taxes past due?		
10. Are any state or local utility vendors delinquent?		
11. Are any wage payments past due?		

For the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INDUSTRIAL CORPORATION

	YES	NO
1. Is your personal property, vehicle, home, general liability, fire, theft, workers compensation, and other necessary insurance coverages in effect? 2. Are premium payments current?		

47. If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE

TYPE of POLICY and CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
ANNE LEIDERS - STOUTE POLCO			
NEW HEATH - FORTLE POLCO	12-1-59 12-1-59		

Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance.

INCLUDED IN MOS6 TAGS

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement:

FINANCIAL / CREDITING REPORT
INDIVIDUAL

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

ATTACHED

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank: FIRST NIAGARA				
Account Number: 007806214453				
Purpose of Account (Business/Personal): DEBTOR ACCT				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach list to this report)				
3. SUBTRACT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (Must Agree with Books)				
TOTAL OF ALL ACCOUNTS				\$

Notes: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Notes: Attach a copy of each investment account statement.



FIRST NIAGARA

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

474 Statement Date: 03/18/16

Account Number: 7806214453
Deposit

***** Choice Checking 7806214453 *****

All Transactions by Date

Date	Description	Withdrawal	Deposit	Balance
02/18	Balance Forward ----->			9,059.31
02/19	Check Num 175	218.67-		8,840.64
02/20	Deposit		7,500.00	16,340.64
02/22	Wire BNF: HCA CONSULTING	1,080.00-		15,260.64
02/22	Wire Fee	25.00-		15,235.64
02/24	Check Num (178) 4 th Quarter 650.00	650.00-		14,585.64
02/29	Withdrawal	8,896.65-		5,688.99
03/01	CAPITAL ONE CARD ONLINE PMT	200.00-		5,488.99
03/01	PPL ELECTRIC ONLINE PMT	67.29-		5,421.70
03/01	Deposit		545.15	5,966.85
03/03	UGI UTILITIES ONLINE PMT	265.59-		5,701.26
03/03	UGI UTILITIES ONLINE PMT	243.24-		5,458.02
03/03	PPL ELECTRIC ONLINE PMT	154.85-		5,303.17
03/03	PPL ELECTRIC ONLINE PMT	114.30-		5,188.87
03/03	Deposit		1,356.00	6,544.87
03/04	Deposit		2,217.00	8,761.87
03/05	Deposit		1,500.00	10,261.87
03/07	Check Num 183	320.00-		9,941.87
03/08	AETNA LIFE INSUR INS PYMT	140.49-		9,801.38
03/08	Check Num 181	714.86-		9,086.52
03/09	TCS TREAS 449 XXSOC SEC		1,580.49	10,667.01
03/10	Check Num 185	21.13-		10,645.88
03/11	Check Num 184	1,091.11-		9,554.77
03/11	Check Num 187	67.07-		9,487.70
03/14	Deposit		400.00	9,887.70

Checks in Order

Date	Number	Amount	Date	Number	Amount	Date	Number	Amount
02/19	175	218.67	03/07	183*	320.00	03/11	187*	67.07
02/24	178*	650.00	03/11	184	1,091.11			
03/08	181*	714.86	03/10	185	21.13			

(*) Check Numbers Missing

MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

474 Statement Date: 03/18/16

Account Number: 7806214453
Deposit

***** Choice Checking 7806214453 *****

Account Summary

Beginning		Interest		Service		Ending
Balance	+	Deposits	+ Paid	- Withdrawals	- Charge	= Balance
9,059.31		15,098.64	.00	14,270.25	.00	9,887.70

Statement from 02/19/16 Thru 03/18/16

*****Summary of Deposit Accounts *****

AP	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY
-10 37	7806214453	9,887.70			

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

PAYING BACK DEBTS

DATE
3-2-16

PAYEES

DEPT. OF LABOR

\$1091.12

BARKLEYS BANK

\$ 21.13

BANK OF AMERICA

\$ 131.34

CHASE

\$ 25.15

\$ 1328.74

CASH DISBURSEMENTS: DETAILS - HOUSEHOLD

Account Number	
Purpose of Account (Personal)	
Type of Account (e.g., Checking)	

[illegible]

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

1. The first step in the process of the investigation is to identify the problem. This involves gathering information about the situation and determining what needs to be investigated. The next step is to develop a plan of action, which includes identifying the objectives of the investigation and the methods to be used. The third step is to collect data, which involves gathering information from various sources. The fourth step is to analyze the data, which involves interpreting the information and identifying patterns. The final step is to draw conclusions, which involves summarizing the findings and making recommendations.

1. The first step is to identify the problem. This involves understanding the current situation, the goals, and the constraints.

2. The second step is to analyze the problem. This involves breaking down the problem into smaller, more manageable parts.

3. The third step is to generate solutions. This involves brainstorming ideas and evaluating them based on their feasibility and effectiveness.

4. The fourth step is to implement the solution. This involves putting the chosen solution into action and monitoring its progress.

5. The fifth step is to evaluate the results. This involves assessing the outcomes of the solution and determining if they meet the original goals.

APPENDIX NO. 30

APPENDIX NO. 30

Name	Address	City, State, Zip	Phone
[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]
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[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]

1. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that the same is true and correct to the best of his knowledge and belief.

2. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that the same is true and correct to the best of his knowledge and belief.

REVENUE OPERATING REPORT
FD-1000

ATTACHMENT NO. 4

ACCOUNTS RECEIVABLE RECONCILIATION (Attach Post-Refund)	Scheduled Amount	Current Month
Accounts Receivable Beginning Balance		
Plus: Billings During the Month		
Less: Collections During the Month		
Adjustments or WriteOffs**		
Accounts Receivable Ending Balance**		

ACCOUNTS RECEIVABLE AGING (Attach Post-Refund)	Scheduled Amount	Current Month
0 - 30 Days		
31 - 60 Days		
61 - 90 Days		
Over 90 Days		
Total Accounts Receivable**		

Attach explanation of any adjustment or writeoff.

** The "current month" of these two lines must equal.

POST-REFUND TAXES	Beginning Tax Liability*	Amount Withheld & or Accrued
Federal Taxes		
Withholding**		
FICA - Employee		
FICA - Employer		
Unemployment		
Income		
Other (Attach List)		
Total Federal Taxes		
State & Local Taxes		
Withholding		
Sales		
Unemployment		
Real Property		
Personal Property		
Other (Attach List)		
Total State & Local Taxes		
Total Post-Refund Taxes		

* The beginning tax liability should represent the liability from the prior month, or if this is the first report, the amount should be zero.

** Attach copies of IRS Form 6123 or your FTD coupon and payment receipt to verify payment or accrual.